

# VA Engage Journal

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Volume 2

Article 4


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2012

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### Recommended Citation

McHenry, Sarah (2012) "Case Study: Wayside Youth & Family Services Empathetic & Innovative Solutions to Community Mental Health," *VA Engage Journal*: Vol. 2 , Article 4.  
Available at: <https://commons.lib.jmu.edu/vaej/vol2/iss1/4>

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Case Study: Wayside Youth & Family Services

Empathetic & Innovative Solutions to Community Mental Health

Sarah McHenry

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## Abstract

In this case study, I presented a thorough evaluation of one of Massachusetts' premier community mental health institutions: Wayside Youth & Family Services. First, I explained a brief history of the deinstitutionalization movement and the early days of Wayside. Following this, I discussed the organization services and how they fit the needs of the community. Finally, I presented my thoughts on the organization's strengths, and how these strengths are exceptionally significant due to the organization's business model.

## Case Study: Wayside Youth & Family Services

### *Empathetic & Innovative Solutions to Community Mental Health*

When the movie *Snake Pit* began to screen in theaters in 1948, the American public received a shock: although their idealistic “Happy Days” suburban streets were clear of “crazy people,” where they went would make anyone crazy. In these institutions, “treatment” for mental illness was typically a concoction of medications, specifically tranquilizers, and dehumanizing and cruel abuse; meanwhile, psychiatrists’ subjective evaluations of patients determined the difference between indefinite imprisonment and release into a world for which they were unprepared (Goffman, 1961). Legislation poured in around the country to reform the mental healthcare system, and activists joined forces to reduce stigma associated with mental illness. The institutions and orphanages shuttered one after another, while scientists’ discovery of the antipsychotic chlorpromazine led to the rise of the Drug Era in 1952 – thus, the deinstitutionalization movement had begun.

However, a need was quickly identified in communities across the nation to provide outpatient support and treatment to patients whose mental illnesses and behavioral issues did not qualify hospitalization, yet impaired their social and cognitive functioning sufficiently to warrant intervention. In particular, communities sought to aid their troubled youth, caught unprepared for adulthood with mental health and behavioral issues, and limited adaptive skills.

Central

Massachusetts was no exception to this problem of post-deinstitutionalization, and from 1953 to 1977 saw multiple community agencies establish themselves as shelters, counseling centers, and group homes for troubled children and adolescents. Before long, however, a partnership forged between two of the group homes, Harbinger House and Pearl Street House, both of

Framingham, Massachusetts, began to change the conversation about mental health and youth and family services (Rowe, 2011a).

This collaboration would become Wayside Community Programs, Inc., the corporate predecessor of Wayside Youth & Family Support Network (Rowe, 2011a). The nonprofit, nongovernmental organization aimed to change the way community mental health services function. They did this first by identifying the overarching issue at hand, which was that youth and families across central Massachusetts needed a network of supportive and educational mental and behavioral health services. Second, as particular community needs were identified, they sought to meet these needs not by opening up competing community services to expand their organization, but by taking on smaller community services under the Wayside umbrella. Third, they strove to implement research-supported, developmentally-appropriate, and culturally- sensitive programs that integrate the individual, the family, and the community (Rowe, 2011a).

Wayside divides its services into two broad categories: the residential programs and community-based programs. The residential programs vary slightly depending on their targeted population, but all of them share the characteristic of being treatment programs for adolescents in need. The youth who are referred face significant mental and behavioral challenges, often due to histories of trauma and abuse, and require structured support. The community-based programs, as mentioned before, address a wide variety of issues, including homelessness, parenting support, and trauma support services such as rape and domestic violence crisis centers, a program for youth who witness violence, and a homicide bereavement program.

As is the case with many social-services initiatives, their biggest challenge is trying to create lasting empowerment and avoiding the revolving door complex. For Wayside, this process is only made more difficult by the adolescents with whom they work: notably suffering

from conditions such as conduct disorder, borderline personality disorder, oppositional defiant disorder, and major depression, displaying treatment-resistant behaviors such as self-inflicted cutting, posttraumatic flashbacks, and inability to control their outbursts of anger. These issues were of particular importance, as approximately 13% of youth will be diagnosed with a significant mental disorder – which poses a huge risk to community health (Costello et. al., 2003). Research has indicated that prevention and early intervention, especially with conduct disorder and oppositional defiant disorder, is the most effective way of preventing worsening of mental conditions and evolution into persistent maladaptive functioning in adulthood (Offord & Bennett, 1994). Thus, Wayside utilizes developmentally-appropriate, research-supported, individual-specific treatment that translates into long-lasting empowerment and sound mental health of the adolescent and his or her family. Residential treatment focuses on group therapy – building positive social relationships with peers who are dealing with similar challenges, and putting life into perspective by watching and discussing interesting, relevant television shows such as “I Shouldn’t Be Alive” – along with individual treatment with a supportive counselor who remain the patient’s mentor throughout their time at Wayside (Rowe, 2011b). All programs emphasize fostering “resiliency” – adaptive skills that help a child thrive despite risk and adversity (Benard, 1993).

Additionally, being a family-oriented service, Wayside faces challenges concerning the right of privacy, which can clash with what is best for a child. There is an invisible line between the doors of a school and the parking lot, where a child is returned to the hands of their parents. No parent enjoys being told that they are doing a poor job of raising their child; however, effective and nurturing parenting is critical for healthy child development. Wayside has responded to this by creating their Parent Partnership Program and their Family Based Services (Rowe, 2011b). These two programs provide supportive services and education to parents and

families, such as assistance with budgeting and household management, or counseling by fellow parents who have already been through the process of raising a child with behavioral, learning, or mental health difficulties. These programs attempt to foster positive communication and let struggling parents know that they are not alone in their problems.

Wayside seeks to further overcome these challenges by identifying their core values and ensuring that the implementation of these values directly addresses these issues. These seemingly simple values – Strength, Hope, and Resiliency – inspire patients, staff, caregivers, and leadership alike (Rowe, 2011a). Strength as a value continuously encourages Wayside staff and leadership to increase effectiveness, warmth and individual-focus in caregiving while inspiring patients and families to maintain strength through their adversity. They acknowledge that the diversity of individual histories and perspectives in their programs is a strength once these voices of the community are harmoniously integrated. Similarly, Wayside maintains that hope is absolutely critical for fostering change. Adolescents at a crossroads cannot believe in themselves if their own caregivers do not believe they will get better. Consistently maintaining positive attitudes and expectations is key for youth to be able to overcome their trials. Strength and hope must be persistent for sustainable individual and community empowerment, however, and thus comes into play the third core value of Wayside: resiliency. As mentioned before, resiliency is vital for “bouncing back” from adversity, and is developed during childhood and adolescence in the form of protective factors (Benard, 1993). Wayside fosters the power of resiliency in youth by providing opportunities for positive social engagement, strengthening positive relationships with therapists and caseworkers, and never losing faith in the youth.

Wayside’s strength stems particularly from its leadership. The leaders of Wayside have been with the program since the early days, and show no sign of losing steam in the fulfillment of their mission. The President, Eric Masi, and both Vice Presidents, Elizabeth Reid and Bonny

Saulnier, have all each been with Wayside for a minimum of 20 years and have education and social work-related master's and doctoral degrees, which demonstrates that the Wayside organizational commitment to youth behavioral and mental health goes far beyond the front lines of therapists and social workers (Rowe, 2011a). The scope of Wayside's leadership is not limited by any means, however; the Board of Directors consists of lawyers, a reverend, parents, principals and trustees of local schools – but most importantly, the members of the Board are all socially-conscious residents of the towns in which Wayside works (Rowe, 2011a). The breadth and relevance of Wayside's leadership, in addition, leaves the door open for business-oriented tactics, while keeping their broader mission to serve children and communities always as their primary focus.

Wayside would not be as successful as it is without their business model of cooperation. For instance, in its early days, rather than creating a community service response to a need that might compete with another previously existing agency, Wayside sought to fold these community agencies into the Wayside network to make it easier for patients to access services that address all of their issues, instead of navigating through disconnected referral services throughout the community. These win-win partnerships increased its breadth of Wayside's services and standing in the community while also providing funding and increased support for these programs that might not have gotten them on their own. In a slightly different sense, Wayside's Youth Coalition and peer leadership at their Multi-Service center cooperates with community leaders, teachers, and parents to identify community problems, including AIDS, gang membership, substance abuse, and underage alcohol consumption, and work towards developing creative, regional-specific solutions (Rowe, 2011b). The Multi-Service center also cooperates with local schools to provide in-school programming to enhance resiliency skills, and identifies at-risk youth to bring into a therapeutic after-school program which focuses on



physical, social, and creative art-based development and enrichment. Partnerships like these are critical to maintaining healthy communities, as communication and cooperation between schools and community agencies is the only way that youth can get the full support that they need (Catalano et. al., 2004).

Wayside's impact does not stop with the communities and families it serves – its influence extends throughout the country to protect people's civil rights and community development programs everywhere. In 2007, as it sought to build their Main Campus in Framingham, the organization encountered resistance from their immediate neighbors and the town at large, citing the burden of social service organizations on town tax revenue. Wayside won the lawsuits, and the policy implications from these decisions resonate throughout the country (Margolin, 2008). It affirms the right to fair housing everywhere for persons with disabilities, and marks one more crucial step towards justice for children in need.

Across the Massachusetts counties of Worcester, Middlesex, and Suffolk, Wayside Youth and Family Support Network has proven itself as a model for service for nearly 35 years. They have maintained this through their commitment to their mission and their values, their leadership, and their integration of partnerships. When a youth, no matter what horrors they have faced in their years, walks through the doors of any Wayside-network service, they are entering a partnership that will heal their hearts and minds, and bring light and hope to their families and futures. How would I know? I am a Wayside youth – a graduate of the Day Center, and I cannot fathom down what path I would have continued had I not met the supportive staff who never ceased to believe in me, and my fellow peers whose incredible hope and unbelievable resilience to the horrors of their pasts inspire me to this day. Fighting through each day for some patients is a struggle – such as one of my fellow patients who would break down into a post-traumatic stress disorder-induced dissociative flashback at every noise that might be

a decibel too loud. But the reconstructive tools, care, and support that Wayside provides to its youth ensures the promise of a better life, and a better community. It is the mission of Wayside to build strength, hope, and resiliency in the youth, families, and communities with which they work, and I am, along with thousands of other resilient Massachusetts residents, living proof that they succeed in this vision.

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### Author Biography

Sarah McHenry is a member of the class of 2013 at the College of William and Mary in Williamsburg, Virginia. Majoring in Psychology, she plans to focus her further studies on early intervention in child development and community psychology policy.

### Faculty Biography

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